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AUTHOR	Ashley, Kathy; Stewart, Tom
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ABSTRACT

Attention focused on the recruitment and retention of Indian students, career mobility, continuing education, and unique aspects of nursing practice in tribal areas. Location of schools away from home environments, course requirements for which students have had inadequate preparation, feelings of isolation, and financial troubles tend to hamper Indian students seeking a nursing education. Due to the shortage of health personnel, nurses practicing on reservations are often forced to provide care generally given by a physician. Continuing education is needed to help them meet these added responsibilities; job descriptions and salary scales should be rewritten to reflect the work actually done. Recruitment of young people to the profession is hampered by the lack of visibility of Indian nurses as role models. Recruitment recommendations include career development programs extending to all ages of students, including preschoolers, and better visibility for Indian nurses in the mass media. Retention could be improved with precollegiate remedial science programs, coordination of financial aids, and programs to contact nursing students as soon as they enter college. Career mobility and continuing education would be aided with post graduate education for nurses both at schools of nursing and on the reservation, full accreditation for the Navajo Community College to allow community nurses to obtain at least an associate degree locally, and Indian Health Service evaluation of the civil service nursing position structure. (DS)

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PROCEEDINGS OF THE FIRST

INDIAN NURSING EDUCATION CONFERENCE

Chinle, Arizona
June 21-22, 1974

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Nursing Program
Navajo Community College
Tsaile, Arizona

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Nursing Education Committee
Area Health Education Center
Navajo Health Authority
Window Rock, Arizona

RC 010993

June 21, 1974

I. The Conference opened with welcoming remarks from Mr. Guy Gorman, Sr. Mr. Gorman is a member of the Navajo Tribal Council (Chinle Chapter) and also a member of the Board of Regents, Navajo Community College.

II. The primary focus for the day was the interaction between various collegiate nursing programs and Indian nurses and nursing students:

A. The first presentation dealt with the recruitment and retention of minority students, particularly Indian students, into collegiate nursing programs in Arizona, Colorado, New Mexico and Utah. Presentors were: Ms. Marie Branch, Project Director, Faculty Development to Meet Minority Needs, WICHE; Ms. Laura Martinez, Minority Recruiter, College of Nursing, University of New Mexico; Ms. Linda Saylor, Minority Coordinator, College of Nursing, University of Utah.

1. Ms. Branch pointed to the various barriers faced by minority students in nursing education:

a. Location of the schools away from the home environments of minority students;

b. course requirements for which the students have generally had inadequate preparation;

c. lack of sensitivity to their situation in various parts of the college or university system; and

d. lack of role models to reinforce their aspirations in nursing.

2. Ms. Martinez described the struggle that she and others have experienced to increase the representation of minority students in the College of Nursing, College of Medicine and School of Allied Health Sciences. Though New Mexico has one of the most heterogeneous populations in the U.S. (with over 50% composed of members of minority groups), minority students are grossly underrepresented in the health professions schools. University of New Mexico now has a position for an Indian nurse to counsel with the growing number of Indian nursing students.

It was pointed out that the College of Nursing does not learn of minority students until these students have advanced in their basic studies and approach entry into the nursing program as a major. This situation seems to exist in the large universities and some coordination is required to contact potential nursing students in the critical freshman year.

3. Ms. Saylor emphasized the feeling of isolation that many Indian nursing students experience in universities. This isolation can be reduced somewhat if there is a substantial number of students with a common cultural background. Ethnic centers, such as the one at the University of Utah, can also play an important role in

dealing with isolation. Ms. Saylor indicated that a "survival course" on how to deal with different parts of a university is being planned.

4. The discussion following the presentations stressed the importance of:

   a. The "buddy" system. Perhaps it is wiser for colleges of nursing to recruit two or three friends from a particular community. The mutual support that friends provide during a period of adjustment can be quite valuable.

   b. Community support. It was mentioned that Indian nurses practicing in a community can play a vital role not only in recruiting students into nursing but also helping to provide encouragement and support to students in nursing programs. Perhaps collegiate nursing programs should plan to provide periodic interaction between Indian nursing students and Indian nurses both on campus and in home areas.

B. During the early part of the afternoon presentations from collegiate nursing programs continued. The discussion was continued by: Ms. Carla King, College of Nursing, Colorado University; Dr. Clarabelle Theobald, College of Nursing, Arizona State University; Ms. Joann O'Donnell, Nursing Program, College of Santa Fe.

   1. Financing was recognized as a serious problem for most Indian Nursing students. Generally, nursing programs and schools are not able to provide financial assistance and students must rely upon tribal scholarships. Many nursing students experience crises when scholarship checks do not arrive on time.

C. The two existing nursing programs active within tribal areas were described: The Nursing Program, Navajo Community College, and the School of Nursing, Lakota Higher Education Center. Presentors were: Ms. Grace Daniels, Navajo Community College; Mrs. Lydia Pourier, Lakota Higher Education Center; Ms. Phyllis Colhoff, Lakota Higher Education Center.

   1. At this time both of these programs experience substantial problems common to beginning endeavors. Additionally, Navajo Community College students find the geographical isolation at Tsaile unappealing and often transfer. The Lakota Program has been required to overcome serious administrative and logistical problems.

   2. Navajo Community College offers a modular approach which will allow students to progress at different paces. Navajo Community College could profit substantially from a close working relationship with baccalaureate nursing programs since a number of NCC nursing students wish to obtain a BS degree. It was also indicated that the NCC and university programs might well develop formal and informal program ties.

3. The Lakota School of Nursing attempts to deliver a quality program in the most accessible and flexible manner to individuals on the Pine Ridge and Rose Bud Reservations. The distance and timing of the class and clinical presentations creates a massive logistical problem. Some difficulties have also been encountered in the local communities (often because of the diversity of the various Sioux tribes).

4. It was mentioned that perhaps the colleges of nursing could learn a great deal from the experiences of the Navajo Community College and the Lakota School of Nursing. Both of these programs obtain a view of the realities of nursing practice and education in tribal areas which could be quite valuable to other programs which attempt to relate to Indian communities.

Completion of Program. June 21.

June 22, 1974

III. The focus for the early part of the second day was to develop the views of Indian nurses currently practicing in tribal areas.

A. Presentations were made by:

Mrs. Stella Webster, RN, Director of In-Service Training, Shiprock Hospital
Mrs. Edna Nunes, LPN, Sanostee Health Center
Mrs. Judy Black Feather, RN, MPH, Director, Field Health Service, Sacaton Hospital
Mrs. Shirley Attson, Adult Nursing Practitioner, Chinle Clinic
Ms. Bettie Jimmie, Nursing Student, ASU

1. The unique aspects of nursing practice on a reservation were emphasized. The shortage of health personnel, particularly nurses and physicians, creates problems for all people working in a health delivery system. Often nurses are forced by the situation to assume much more responsibility for direct patient care than they would in hospitals or clinics with full staffs. Licensed practical nurses must sometimes demonstrate abilities for which they have had little or no training. Registered nurses frequently provide primary care generally provided by a physician, or a physician's extender. It is certainly understandable that Indian nurses confronted with this situation desire additional training and education to cope effectively. Most feel that continuing education is critical and want to see a well-planned program linked to career mobility. It was also indicated that many nurses feel that Indian Health Service must fully evaluate the demands being placed upon nurses practicing within IHS facilities and either act assertively to correct the situation or adjust job descriptions and salaries to reflect the work being done.

2. The personal experiences of many of the practitioners reinforced the points made regarding recruitment and retention.

3. Nursing practitioners (RN and LPN) wish to continue their education but find it very difficult to plan to attend collegiate nursing programs with work and family responsibilities. The loss of income for the family often prohibits the return to obtain an associate or bachelors' degree. It is very important for them to obtain as much continuing education and other course credit as possible to reduce the time required to complete degree programs.

IV. The final phase of the Conference was a series of small group sessions to elicit specific recommendations for action by various organizations.

A. One group had responsibility for recommendations regarding recruitment and retention of Indian nursing students. The report follows:

1. First, the many factors involved in developing an interest in nursing as a career must be recognized:

a. It is important that role models be available. Indian nurses should be as visible as possible to children in the community.

b. The basic desire to help Indian people must exist and be maintained.

c. Important to recognize the Indian philosophy of health - it is an integral part of culture and living.

(1.) There must be a recognition of the differences between the traditional and professional orientations toward health and that there are positive elements in both. Nursing programs should not diminish or destroy the respect for the traditional health system. It is necessary for nursing educators to understand the traditional systems.

(2.) A good understanding of traditions makes it easier to build upon the existing "caring" and "curing" models in the community (male and female healers, herbalists and diagnosticians).

d. A career development program must attempt to be a total program, not simply focusing on seniors in high school.

(1.) A program should begin even at preschool with visits to nurses and health professionals and to nursing schools.

(2.) Appropriate materials for children in elementary grades should be developed.

(3.) In the early adolescent years nursing clubs can be particularly effective in informing and orienting students.

(4.) At all ages students are effected by the mass media. It

is important to obtain good visibility of Indian nurses in mass media.

(5.) Identify and sensitize individuals in the community who can cooperate in recruitment.

(6.) Utilize local Indian nurses and nurses groups.

2. Formal Recommendations on Recruitment:

a. Establish health councils and clubs in high schools.

b. Involve parents in the program as much as possible.

c. Coordinate all recruitment efforts to bring the groups and organizations together to develop a creative approach.

d. Implement the health curriculum in all local schools (this has been mandated by law).

3. Formal Recommendations on Retention:

a. Sensitize nursing faculty and university staff to differences in cultures.

b. NCC should deal with the geographic isolation at Tsaile through a planned program of improving the quality of student life. parent visits, etc.

c. Begin to deal with the poor preparation in the sciences in a precollegiate and remedial program.

d. Focus upon the adjustment from reservation to city. Schools of nursing should attempt to identify the young Indian nursing student as soon as possible.

e. An effort must be made to improve the coordination of financial aid to avoid crises situations which compound the Indian nursing student's problems.

f. Involve local nursing practitioners in Indian communities to contact and talk with Indian nursing students.

g. Survey those students presently enrolled in nursing programs and those who have dropped out to learn of their satisfactions and difficulties.

h. Establish pre-entry programs to orient minority students entering nursing programs.

i. Solicit funds from:

(1.) state nursing associations

(2.) tribal organizations

(3.) district nurses' associations

(4.) ethnic nurses' associations

j. Involve Indian nurses in the activities of the colleges of nursing (admissions, financial aid committees) either as non-faculty or adjunct faculty members. Indian nurses can also provide valuable input on nursing curricula. Cross-cultural content should be increased and this is a logical method - by using Indian nurses.

B. A second group recommended the following on career mobility:

1. The state and private nursing schools should:

a. Provide a well-planned program of post-graduate education with special attention to the needs of reservations and other under-served areas;

b. Provide academic credit as a part of a continuing education program;

c. Reduce as many barriers as possible for the practicing nurse to take the necessary steps to advance.

d. Attempt to provide full accreditation for Navajo Community College to allow community nurses to obtain at least an associate degree locally and continue in the baccalaureate programs.

2. The Nursing Program at Navajo Community College should:

a. Attempt to provide an intellectual and personal challenge to the students enrolled there;

b. Provide a mechanism for evaluating and providing credit for appropriate prior nursing experience;

c. Work cooperatively with the state university schools of nursing to upgrade the current credit level (class C) and facilitate the transfer of credits.

3. To strengthen the NCC Program certain steps can be taken:

a. Obtain adjunct or honorary faculty at other clinical facilities and agencies to have a pool of practitioners who relate to the program.

b. Encourage and work for a health orientation on the Board of Regents;

c. Expand the role of the existing nursing advisory committee;

d. Involve that committee and other Indian practitioners in the planning of the curriculum;

e. Relate to the local health boards for more visibility and community input.

4. Indian Health Service can relate to career mobility by:

a. Dealing in a realistic manner with the demands placed upon nurses and facilitating training needs;

b. Providing arrangements for release time in local facilities;

c. Evaluating the total civil service position structure related to nursing.

(1.) Consider the structuring of positions for nurse practitioners in pediatrics and other areas.

C. The following recommendations were offered in regard to <u>continuing education</u>:

1. The Navajo Health Authority should investigate the possibility of bringing nursing education programs to Navajo and other tribal areas (LPN, RN, Practitioner).

2. The Director of Nursing Education of NHA should be actively involved in developing and coordinating continuing education for nurses.

3. NHA should also investigate the possibility of developing a staff position for an LPN to relate to the needs of LPNs practicing in tribal areas.

4. Navajo Community College should attempt to develop a public health nursing program in conjunction with university programs in the four states.

V. After presentation of the various group reports, the highlights of the Conference were summarized by Ms. Marie Branch. Mrs. Lillie Bradley, Chairperson, Nursing Education COmmittee closed the Conference after the participants expressed the desire for future conferences and workshops of this nature.

The proceedings and recommendations are respectfully submitted:

Kathy Ashley

Tom Stewart
Staff, Navajo Health Authority

NURSING EDUCATION COMMITTEE MEMBERS

Mrs. Lillie Bradley
Box 1687
Tuba City, Arizona

Mrs. Emmaline Bizardi
Nursing Department
PHS Hospital
Fort Defiance, Arizona

Ms. Grace Daniels
Director, Nursing Program
Navajo Community College
Tsaile, Arizona

Mrs. Louise Hubbard
P. O. Box 26
Window Rock, Arizona

Ms. Jennie R. Joe
2680 O'Hare
San Pablo, California 94806

Mrs. Grace Kellogg
Nursing Department
PHS Hospital
Fort Defiance, Arizona

Mrs. Stella Webster
Box 1415
Shiprock, New Mexico

CONFERENCE PARTICIPANTS

Winifred Abe
PHS Hospital
Shiprock, New Mexico

Mrs. Marie Allan
Health Education
Navajo Area Indian Health Service
Window Rock, Arizona

Catherine B. Andrus
Nursing Education for Indians
1015 Indian School Road, NW
Albuquerque, New Mexico

Shirley Attson
Box 766
Chinle, Arizona

Sister Lois Marie Benecke
PHS Hospital
Fort Defiance, Arizona

Judith A. Black Feather
Director
Field Health Services
PHS Indian Hospital
Sacaton, Arizona 85247

Mrs. Marie Branch
Project Director
Faculty Development to Meet
Minority Needs, WICHE
P. O. Drawer P
Boulder, Colorado 80302

Pat Bryant
University of Utah
College of Nursing
Maternal & Child Health Project
Shiprock, New Mexico

Phyllis Calhoff
Project Director, Nursing Program
Lakota Higher Education Center
Box 439
Pine Ridge, South Dakota 57770

Marie Caruso
Nursing Program
Navajo Community College
Tsaile, Arizona

Mary E. Copeland
Chief, Bureau of Nursing
Arizona State Department of
Health Services
1740 W. Adams
Phoenix, Arizona 85007

Amelia Curley
Nursing Program
Navajo Community College
Tsaile, Arizona

Sue Dahlman
Nursing Office
Navajo Area Indian Health Service
Window Rock, Arizona

Marilyn W. Dalton
Box 56
Window Rock, Arizona

Charlene Dennison
Nursing Program
Navajo Community College
Tsaile, Arizona

Alta Earl
ONEO Day Care Program
Fort Defiance, Arizona

Vivian Gibson
Nursing Office
Navajo Area Indian Health Service
Window Rock, Arizona

Nancy Henio
P. O. Box 234
Ramah, New Mexico

Sister Margaret Mary Imes
Director of Nursing
PHS Clinic
Chinle, Arizona

Betty Jimmie
212 E. Cairo Drive
Arizona State University
Tempe, Arizona 85282

Sally Joe
University of Utah
Maternal & Child Health Project
Shiprock, New Mexico

Ethel Kayate
P. O. Box 994
Gallup, New Mexico

Carla King, Assistant Professor
University of Colorado
School of Nursing
4200 East 9th Avenue
Denver, Colorado 80220

Laura Martinez
Minority Recruiter
College of Nursing
University of New Mexico
Albuquerque, New Mexico

Mrs. Ellen MacDonald
Bureau of Health Resources
Development
DHEW, Region 6
1114 Commerce Street
Dallas, Texas 75202

Dorothy McLeod
College of Nursing
Arizona State University
Tempe, Arizona

Jean Muphe
Nursing Program
Navajo Community College
Tsaile, Arizona

Edna J. Nunes
Box 1327
Sanostee Rural Station
Shiprock, New Mexico

Joan O'Donnell
Instructor
College of Santa Fe
Santa Fe, New Mexico

Lydia M. Pourier
Instructional Coordinator
School of Nursing
Lakota Higher Education Center
Pine Ridge, South Dakota 57770

Anne M. Romond
Box 1707
Gallup, New Mexico

Linda Saylor
Minority Coordinator
College of Nursing
University of Utah
Salt Lake City, Utah 84102

Lorraine Sevcovic
Maternal & Child Health Project
University of Utah
College of Nursing
Shiprock, New Mexico

Phyllis Sheridan
Education Consultant
Arizona State Nursing Board
1645 West Jefferson
Phoenix, Arizona

Bernice Szukalla
Bureau of Health Resources
Development
DHEW, Region 8
Federal Office Building
19th and Stout
Denver, Colorado 80202

Clarabelle Theobald
College of Nursing
Arizona State University
Tempe, Arizona 85281

Sarah Ute
University of Utah
College of Nursing
Maternal & Child Health Project
Shiprock, New Mexico

Sally Jo Wieling
Box 1126
Fort Defiance, Arizona

Virginia Williams
Box 532
Tuba City, Arizona